The Medical Times and Register.

VOL. XXXVII No. 3. PHILADELPHIA AND BOSTON, MARCH, 1909. WHOLE No. 979.

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ORIGINAL

A PLEA FOR A SIMPLER THERAPY.

BY CHARLES C. M. LEE, M. D., NEW YORK.

There is a time in the life of every physician wnen the practice of his art appears so unsatisfactory in the results attained, that in sheer desperation he comes to doubt whether that which passes as the popular system of treatment has any justification. Is it not quite unnecessary that there should be such interminable assertions and so many disappointments in the attempt to make their application successful toward the cure of disease?

It is surprising how readily medical statement is accepted when it emanates from him whom the profession has accepted as its authority. That which is needed is individual thought and dependence upon self. Each man should think for himself.

Natural measures for the use of the human family, both in health and for the restoration of health impaired, meet the requirements as well now as in the past, but the impatience to herald discovery and win acclamation has run away with the reason and conservatism of the profession. It certainly seems stupendous folly for so-called progressive men to allow themselves to misuse their precious opportunities, in debate and contention concerning dose and drugs, neither of which have any essential relation to the best welfare of the patient.

The list of new and old chemicals advocated for the use of physicians by the progressive spirit of commercialism of to-day, bewilders the inexperienced and overworks the professor in the effort to keep even with that which passes for medical progress.

The classification fad is in vogue and the nomenclature in general medicine continues to increase daily with-

placed on a cover-glass. It is advisable to first prepare a suitable dilution of the germs. For this purpose two or three drops of distilled water are placed on a slide and a very small amount of the growth is transferred to the water. The latter should be rendered just barely cloudy by the bacteria thus introduced. By means of a very small loop some of this suspension is taken up, transferred to a clean cover-glass, and spread out as evenly as possible.

The specimen is allowed to dry in the air or by gently waving it over a flame. The next step is to fix the material. This should not be done in the ordinary way inasmuch as there is danger of overheating, which would destroy the delicate whips. The cover-glass should be held between the thumb and forefinger, specimen side up, and quickly passed through a flame once or twice. There is thus no risk of over-heating.

The staining process requires the use of two solutions. The first one employed serves as a mordant, and, as used by Fischer, is prepared as follows: Two grams of dry tannin are dissolved in twenty cubic centimeters of water, and to this liquid four cubic centimeters of a ferrous sulphate solution (1:2), and one cubic centimeter of a concentrated alcoholic solution of fuchsin are added. The mixture is thoroughly stirred and the resultant precipitate is removed by filtration. The filtered mordant will keep for some time, and is said, indeed, to improve with age.

The stain proper is a hot saturated aqueous solution of fuchsin (1:50). An anilin-water fuchsin may be used to advantage.

This is prepared by adding two to three grams of fuchsin to 100 cubic centimeters of anilin water and heating till solution results.

The fixed specimen is held in a pair of forceps and the surface moistened with a drop of water. It is then covered with the mordant and gently heated over a low Bunsen flame so that vapors are slowly given off. At no time should the liquid boil. After heating thus for one to two minutes the cover-glass is washed thoroughly under the tap. If the specimen has not been overheated, every trace of the mordant will wash off and leave a perfectly clear, colorless cover-glass. If a ring of deposit forms on the edge of the glass, and even this can be prevented by careful heating, it must be removed by scraping with the blade of the forceps.

The clean, mordanted cover-glass, moistened if necessary with a droplet of water, is then covered with the fuchsin stain, and slowly and gently heated over a flame, for one to two minutes. Actual boiling of the liquid should be avoided. The specimen is then washed thoroughly and examined.

On examination with a one-eighth inch, or, better, with a one-twelfth inch homogeneous oil immersion objective, the bacilli will be seen to be provided with a number of very fine, wavy lines, the flagella. If much granular matter has been deposited on the cover-glass, it is as a rule due to overheating while mordanting, or while staining. Not a little patience and intelligent manipulation is necessary in order to obtain stained flagella on a clear, colorless background.

Journ. of Applied Microscopy.

HYPO-SUBSTITUTE FOR OPIATES.

Dr. Obe F. Watlinton, of Memphis, Tenn., says: "I have in my possession a hypodermic alkaloidal solution, which is a specific in drug addictions (opium habituation, alcoholism, etc.). On receipt of a stamped envelope, or a two-cent stamp, I will take pleasure in furnishing any of the medical profession the formula, by the use of which a number of the fraternity have been enabled to cure themselves of opiumism, alcoholism and insomnia. I used morphia hypodermically for ten years and sustained a perfect cure by this preparation."

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The classification fad is in vogue and the nomenclature in general medicine continues to increase daily with-

out adding the slightest iota of definite knowledge toward the cause and cure of disease. The elaborate classification does in no measure make it easier to cope with the infinite variety of complex combinations which manifest themselves under certain conditions in different patients. The study of medicine from the practical point is largely superficial and a result of individual opinion, instead of based upon unerring and constant fact. Why is it not possible that facts, and not guesses, should form the working laws that govern therapeutics?

Courage to call things by their right names is freely indulged at times when men on equal footing meet and discuss experiences in practice, but how seldom in formal papers on medical subjects are spoken the plain truths and failures to cure according to the popular practice. Human nature is simple enough, but the fault is, that in the attempt to classify every expression of disease and manifestations of vital action, a vast multitude of arbitrary names serve to confuse, and by trying ever to find medicines that will act as antidotes, a system of materia medica and therapeutics has sprung up which threatens to obscure the hope of a scientific therapy. Nature provides in her own way sufficient remedies without the hyper-scientific activities of human intervention for the welfare of the body. The natural elements, such as those which are the daily contributors to life and health are all sufficient, both in health and in sickness, if but rightly used. There is springing up a class of medical writers who are advocating a return to simplicity, and upon this basis it is possible to construct a system of scientific therapeutics. It is gratifying to notice that the number among thinking and original men who accept these views of medicine is gradually increasing, both in Europe and at home. Kussmaul, of Vienna, recently declined to sign the requirements provided for the examination to practice medicine because the students were not taught the practical use of hydrotherapy and hygiene, which he regards as the most important, as well as the most neglected, department of medical teaching and practice. It is antagonistic to all scientific thought to expect the presence of a drug introduced into the system from without to correct the condition which is the result of a retrograde process.

It is a sore disappointment to the medical student to find in later years that the four years spent at the medical college was directly responsible for teachings which it may take ten years to unlearn, thus likely to increase professional dissension and reproval upon both the teacher of medicine and his students. A simpler therapy is the need of the hour, together with a better knowledge of what may not, as well as that which may be accomplished by our materia medicae.

18 E. 32d Street.

RATIONAL TREATMENT OF SOME FORMS OF CYSTITIS.

BY GUSTAVUS M. BLECH, M. D., CHICAGO.

Surgical bacteriology teaches that there can be no inflammation where germ-infection is absent.

Nicholas Senn, in his classic and exhaustive communication to the American Surgical Association on the etiology and classification of cystitis, strikingly characterizes the progress we have made in etiology and pathology, with these words:

"In our text-books we find in the discussion of the etiology of disease the familiar distinction made between predisposing and exciting causes. In our modern literature we find all the exciting causes discussed under the head of predisposing causes, and the list of exciting causes is an entirely new one, containing terms unknown to medical and surgical writers of less than fifty years ago."

In dealing with affections, pointing to disease of the bladder, pelvis of the kidney or kidney, a correct diagnosis is paramount. When I say diagnosis, I do not mean the mere mention of a term but that cause (predisposing and exciting), pathological changes of the tissues involved and character of urine be recognized. Fortunately a diagnosis in diseases of the urinary tract is comparatively easy, as in addition to the anamesis and status praesens, the chemical and microscopical examination of urine, obtained from either the bladder (via urethra or catheter) or from the ureters, will prove diagnostic means of almost mathematical exactness.

In diseases of the bladder chemical and microscopical examination are indispensable, in every case under observation, the clinical phenomena alone not being sufficient for a correct diagnosis. So, for instance, do neuroses and tumors of the bladder not infrequently resemble the phenomena of cystitis—when in reality the viscus is not inflamed at all.

The microscope, cystoscope and the clinical picture total leaving no doubt that a given case is one of true acute or chronic cystitis, well knowing that this condition could have been produced only by a microbe possessing pyogenic properties, the question arises which is the most rational treatment to follow. Undoubtedly internal and external (nitra vesical) antiseptic medication. This can be accomplished in many ways. Which particular method to adopt depends entirely on the circumstances and the history of the case.

It is, first of all, essential that we determine in what way infection has taken place.

The following ways are possible:

First, infection through the urethra by means of catheters, either the instruments themselves being infected, or by the introduction of bacteria into the bladder from the urethra by means of catheter (or other instrument). Continuation of inflammatory processes of the prostatic urethra without the aid of instruments (gonorrhea).

Second, infection by the urine, irrespective of existing kidney disease (typhus, malaria, tuberculosis, varioloid, septicemia, pyemia, etc.) and

Third, infection from adjacent organs vagina, uterus, rectum (under certain favorable circumstances). In this connection might be mentioned the so-called trophic cystitis as observed in transverse myelitis and tabes dorsalis, the pathology of which is as yet obscure.

It is evident that constitutional diseases and inflammatory affections of the urethra, vagina, uterus and rectum require suitable treatment whenever associated with an existing cystitis. Another precaution to be taken (should for one of the other reason catherization or instrumentation of the bladder be necessary) is the disinfection of hands and instruments and the irrigation of the an-

terior and posterior urethra with suitable antiseptics prior to the introduction of the catheter.

The internal medication consists of the administration of but one drug: urotropin. This drug exceeds by far all known urinary antiseptics in efficiency, the administration of 3 doses of 7 1-2 grains each have proven sufficent in seven cases to sterilize the urine. Urotropin is practically nontoxic, while most of the other antiseptics heretofore employed are. We need only mention salol, guaiacol, salicylic acid, salicylate of soda, the sulpho-carbolates and others. It is plain that when the functional activity of the kidneys is impaired a retention of these drugs, if administered even for a few days only, might lead to undesirable, if not disastrous consequences.

In one of our cases Urotropin was administered for eleven days and no ill effects were observed. Another point of importance is that the urine must be decidedly acid, if any favorable effects from Urotropin are expected. A feeble acid will decompose the drug into its two components, ammonia and formaldehyde, from which latter chemical the antiseptic properties of Urotropin depend. Every urine, therefore, should be tested for its reaction. Ordinary litmus paper, especially if not well preserved is not reliable. Tyree's litmus pencil has the advantage that a piece of white paper can be burned into fresh blue or red litmus paper in a few seconds whenever needed.

Urotropin should be administered in doses from 3 to 7 1-2 grains 2 or 3 times daily dissolved in plenty of pure water.

The local treatment will depend on the nature of the cystitis under treatment. Local medication is very often imperative, for while Urotropin renders the urine aseptic, it has no direct influence on any existing lesion or inflammation. Of course in cases of plain bacteriuria and ammoniacal decomposition without any inflammation of the mucous membrane of the bladder, Urotropin is beyond a shadow of a doubt a specific. Where there is an inflammation it keeps the urine aseptic, thus giving us time and opportunity to cure the pathological conditions, without fear of reinfection.

Irrigation of the bladder with antise septics with Valentine's intra-vesical irrigator has proven in my hands the best means of topical treatment. Boric acid has a little if any value. In one case of gonorrheal cystitis of two and a half months standing a cure was established by means of irrigation with a 10 per cent. solution of hydrozone and Urotropin interanlly.

Dr. R. Carter, of this city, whom I advised to use Urotropin in a case of cystitis catheterization, noticed an improvement of the symptoms after four doses of Urotropin (tablets of 7 1-2 gr.) After a week the symptoms returned. He then gave Urotropin internally kept the urine acid, and made intra-vesical applications of a solution of lactate of silver credes (1:40) with satisfactory results.

Dr. J. Cohn in the Berliner Klin. Wokenschrift for Oct. 18, '97, while reporting his favorable experience with Urotropin in chronic cases of cystitis (stricture-bacillus coli communis and enlarged prostatae), also maintains that he had noticed no improvements in cystitis following acute gonorrhea and in tubercular cystitis. As far as gonorrheal systitis is concerned, we have already mentioned its curability under proper internal and intra-vesical medication. The abstract before us contains no information as to whether topical applications were made or not. While we personally have as yet no experience with tubercular cystitis, it seems reasonable that by means of Urotropin, intra-vesical irrigation and appropriate anti-tubercular constitutional medication and dietetic and hygienic measures—cures of such cases are probable. In fact reliable authors have of late reported several cures.

—1434 Michigan Boulevard.

ANTISEPTIC SILKS AND CAT-GUT SUTURES.

BY DR. ROBERT THOMALLA, BERLIN.

Every surgeon is anxious to possess completely antiseptic sutures, and I intend to report in the following on a suture which has not only proved to be completely antiseptic, but also remains antiseptic, and acts antiseptically in the puncture canal. I prepare a Formalin-gelatine solution, in this I place sterile silk, which naturally absorbs the Formalin-gelatine, which is still liquid. After some time the silk is taken out of the Formalin-gelatine solution, is dried in a sterile room, and rolled up. When I stitch with this Formalin-gelatine silk, the living cells cause the immediate dissolution of the Formalin-gelatine in the puncture canal, thereby liberating Formalin. Any bacteria which may have got on the silk before the operation are bound to be destroyed by the liberated Formalin in the puncture canal. In order to practically prove this theoretical supposition, I spread pus on a number of silk threads which had been prepared as mentioned above. On the first occasion I took the pus from a whitlow, upon the second from a boil. With this silk covered with pus I stitched up a dog, on which I had inflicted a flesh wound. I treated the wound aseptically, bandaging it simply with sterile gauze and cotton wool without using any antiseptic. When I remove the stitches of the superficial wound on the sixth day I could not observe the least sign of pus in the puncture canal; out of one puncture canal only, could I press out one drop of serous, not purulent, liquid; the superficial wound itself, however, suppurated. The reason for this lies in the fact that the pus which was put on the silk had by degrees come into contact with the wound, but as the living cells of the margin of the wound have no lasting effect upon the Formalin-gelatine, and also were not able to dissolve same, the Formalin could not be liberated, and therefore the cocci had the chance of further development on the surface of the wound. When stitching the next wound (on the same animal), after having done the stitching part with the silk covered with pus, I powdered the surface of the wound with Glutol. This time the wound was healed by first intention, and in the puncture canals again no pus could be found. I now put on the Formalin-gelatine silk, cultures of staphylococcus and streptococcus. Stitching with this thus infected silk, I firstly again treated the wound aseptically, but powdered with Glutol one of the two inflicted wounds and the puncture canals belonging to it. It happened that the dog had torn off the bandage on the third day, and as I was prevented from looking after him, the dog was left for three days without a bandage. On the sixth day I found both wounds healed by first intention. On the wound, upon which a Glutol scab had formed, and which could not be reached by the dog's tongue, no pus could be pressed out of the puncture canals or from the line of the wound. Upon the other small wound, however, which had not been powdered with Glutol, one drop of pus could here be observed. I attribute this to the following: The Formalin-gelatine which clung to the silk was completely dissolved within twenty-four hours by the living cells, although it took several days to be absorbed. The formaldehyde which was originally in combination with gelatine (provided that no bandage had been applied) becomes liberated and partly used up, by means of gradual evaporation, so that in course of three of four days hardly any trace of it can be found. After the dog had removed the bandage he may have made sore or infected the wound and the one puncture canal, by rubbing, after which a slight suppuration on these places re-

sulted. When there was a Glutol scab on the wound, or opening of the puncture canal, no infection had taken place, and therefore no suppuration in the puncture canals could be observed. A number of further experiments with the same silk fully confirmed my supposition. Every one of these wounds had healed by first intention, and I could not observe any more pus in the puncture canals. When removing the stitches, on the third to the fifth day, I could always take from the puncture canals a little lump of non-absorbed, dissolved gelatine (which should not be taken for pus), which however, could not be observed on the sixth day nor later, as it had then been absorbed. This induced me to cover catgut, also, with Formalin-gelatine. The absorption of catgut being variable, in my opinion the catgut should be preserved against absorption for several days, seeing that the layer of gelatine which surrounds the catgut took about four days to be absorbed. I have never observed any absorption of this so covered catgut, although I always left it lying in the puncture canal for eight to ten days. To this must be added the complete antisepsis which I could prove equally, in this so prepared catgut, as I did in the Formalin-gelatine silk.

After having proved by such experiments on the dog the antiseptic action of this silk and catgut, I could start the employment of these sutures, which were always kept dry, on my patients. I have used them in more than a hundred patients, and not once have I been able to observe pus in the puncture canals, although I never cleaned the silk previous to its employment with an antiseptic liquid, but used for stitching, the dry Formalin-gelatine silk, which was, of course, no longer covered with cocci. We concluded, therefore, from the above, that a surgeon can carry these sutures with him, wrapped up in clean paper, having them always ready for use, without running the risk of infecting the wound by this silk. In spite of this, it will be well to take care that, if possible, no pyogenic organisms are introduced into the puncture canal, and in order to attain this I have constructed the following apparatus, which is suitable for the preservation of this silk; etc., in the surgery or outdoors, and which can be carried in the pocket.

For the operating room in the hospital or clinic I have constructed a similar but larger apparatus in various sizes, in which, besides the stitching necessaries mentioned above, instruments can be inserted, and instead of the Formalin tablets a Formalin solution of 1 to 2 per cent. may be poured in the lower space and be allowed to evaporate. When operating, this vessel is placed on the operating table, and the silk or catgut, which remains in a dry state, is taken out and used at once. If—which may be possible—at the moment of the operation, bacteria should come on the sutures, they are destroyed in the puncture canals, as proved above. Not having much opportunity, I leave it to others to prove in how far this Formalin-gelatine catgut may be used in operations of the intestine and stomach.

—Berliner klin. Wochenschr., 1898, No. 15.

HEROIN.

BY CHARLES J. LANG, M. D., WASHINGTON, D. C.

Having had some clinical experience in the use of this comparatively new remedy, I thought a few of the practical points I had noted concerning its therapeutic action might not be amiss. One reason which has lead to this conclusion is the fact that though our German colleagues have published numerous and, in a sense, exhaustive articles on the preparation, I have, in none of the literature to which I have had access, seen any allusion to the points which I shall consider in this article.

In a general way, and for the benefit of those who may be unfamiliar with the drug, it may be stated that: Heroin is a preparation put upon the market by the firm of Friedr, Bayer & Co., of Elberfeld, Germany.

Its chemical composition is very similar to that of morphine, while in its therapeutic action it resembles codeine. Its toxic action is, however, much less than the latter, while its dose is considerablly smaller, so that, in medicinal doses, it may be said to be absolutely devoid of toxicity.

Briefly, it is a respiratory stimulant, and sedative to the mucous membranes of the entire respiratory tract.

The dose advised is gr. 1-12, or gr. 1-6.

A number of our American phamaceutical houses have placed it before us in the form of tablet triturates and pills, containing gr. 1-12 and gr. 1-6.

I prefer the tablet triturates as there is then no question of solubility, and they are cheaper, too.

I have found it very rarely to be the case that gr. 1-6 could be given with benefit. The usual dose that is borne well is gr. 1-12, three times daily, taking the first dose on waking in the morning, the last, one or two hours before going to bed, and the other one about midway between the two.

The action of the remedy seems in no wise to be influenced by its administration upon a full or an empty stomach.

It doubtless modifies acute attacks of catarrh of the respiratory tract, but in my opinion its chief field of usefulness will be found to lie in chronic conditions affecting these organs.

I have obtained decided benefit from its exhibition in chronic bronchial and pharyngeal catarrhs. It is but a short time—from one-half an hour to an hour—till its effects are markedly apparent to the patient. The cough is notably lessened in frequency, expectoration is much less difficult, and more satisfactory, in that the smaller bronchi—when involved—seems to be much more readily and freely emptied.

In incipient phthisis it is of much use and has a tendency, where there is a daily rise of temperature, to lower the temperature from 0.5 degrees to 1 degree.

At the commencement of treatment, I noticed in a number of instances, complaints of pruritus. In females this was confined to the inner part of the thighs and pudendi, while in males it seemed to affect chiefly the scrotum, and in some cases the surface of the entire trunk.

One objection to it, which I experienced when I first began its use, was that in some cases, two or three hours after the medicine had been taken the patient experienced considerable tracheal irritation with an almost overwhelming desire to cough, which in some could not be controlled and in others was controlled only with great difficulty and much annoyance. The cough occurring at this time was particularly trying, tiresome and barren of results. I tried to relieve this by the use of small doses of muriate of ammonia (five grains) and was to an extent successful, but I later tried hot water. So soon as this symptom ap-

peared, I would have the patient drink, slowly, a full glass of hot water. When this was done there was no further trouble.

In some, especially neuratics and smokers, dryness of the mouth and throat was complained of, but it was not of serious moment in any case and was readily relieved by chewing a little calamus.

I neglected to mention in speaking of the pruritus occasioned, that in a day or two it passed off without treatment and was not felt thereafter.

One thing I noticed was in every instance when alcoholic stimulants were taken within one or two hours from the ingestion of a dose of Heroin, the effect was not unpleasant in a very few minutes there was experienced a sensation of constriction in the chest and there ensued a dry, irritable and very exhausting cough. This usually lasted from ten to thirty minutes and completely exhausted the patient. Where, therefore, the exhibition of alcoholic stimulants is necessary, I would advise that they be given at least one-half an hour before the heroin, or not sooner than three hours afterwards.

Whether or not heroin has any action on the bowels I am unable to assert positively, but I am very strongly of the opinion that it produces a decided tendency to constipation.

I have not used heroin for a sufficient length of time to tell what the ultimate results will be—from its long continued use in chronic cases, but from what I already know of the drug feel morally certain that they will be as satisfactory, as will those of any remedy with which we are now familiar.

MODERN TREATMENT OF HÆMORRHOIDS.

BY DR. R. TIMMERMANN, HANOVER.

Valuable progress has been made in recent years in the local therapeutic treatment of hæmorrhoids. Hitherto, the practitioner had found himself in an uncomfortable position regarding these troubles, not only in the treatment of newly-formed hæmorrhoids, but in chronic cases more or less developed, even up to large venous knots hanging from the rectum; in reality he had no remedies at all at his disposal to satisfy the expectations of the patient, which constitute an early and lasting ceasing of the pain and an ultimate disappearance of the disease.

We may prescribe a strict diet, bodily exercise, cold or lukewarm sitz-baths, and massage, we can administer laxatives and suppositories containing narcotics, &c., but all these give only temporary relief, or, in the case of narcotics, a quickly-passing stupefying effect, following which the pains are more severe. Besides, all these precautions are not always carried out by the patient with the necessary perseverance, especially seeing that hæmorrhoids appear more frequently in that class of people who have always been accustomed to good living, and cannot readily adapt themselves to a simple diet and mode of life.

Moreover, all these precautions cannot be carried out in practical life, however willing the patient may be, in persons whose occupation compels a sedentary mode of life, and who suffer from plethora of the abdominal

organs, as it would necessitate neglecting their business.

In cases of hæmorrhoids of the size of a pea, walnut, or more, the spontaneous bleeding of which brings temporary relief, the medical attendant can with good reason get rid of the patient by telling him that such swellings can only be removed by extirpation, for which operation a surgeon must be consulted.

If the patient follows this advice, a great service is not done the surgeon by asking him to perform an operation, because hæmorrhoidal operations, owing to the uncertainty of result and mode of performance, are not very pleasant or satisfactory.

If, however, the patient, as is mostly the case, greatly fearing the knife, does not consult the surgeon, then the family physician has to put up with the complaints and reproaches of the patient, and at last, nolens volens, opium or bella-donna preparations in increasing doses have to be resorted to as an ultimatum. In short, the medical man had no remedy which was capable of allaying the pain within a few hours, and at the same time check from the moment of commencement of treatment the formation of new hæmorrhoids, thereby effecting a cure. The practitioner, as well as the layman, will only be too pleased that a remedy introduced a short time ago has proved of such value as a therapeutic local remedy in such cases, that it can be described as a specific for hæmorrhoids. This medicament is a combination of bismuth with iodoresorcin sulfonic acid, and which, owing to its specific effect upon the mucous membrane of the rectum in various conditions, is briefly called Anusol.

Its effect is manifold: it acts upon suppurating, secreting, or moist surfaces, drying up and limiting the secretion; it is a very powerful disinfectant and deodorant, as well as an astringent, these properties explaining the strong action of Anusol in causing granulation and consequent healing of sore parts; and, furthermore, Anusol acts in a most suitable manner, when combined with other substances, in the treatment of hæmorrhoids, as it relieves constipation and removes any hardened fæces, causing a slippery, pappy, and painless stool. The combined action of these various properties is the cause of the great success of Anusol in the treatment of hæmorrhoids—as has been reported by numberless patients—even in most severe cases of many years' standing. This success will induce practitioners, when treating hæmorrhoids, to adopt a much simpler and satisfactory method than hitherto. Previously the physician tried to remove the originating cause of the disease by regulating the diet, by advising a suitable mode of living, and by creating a more active circulation of the blood, more especially in the abdominal organs. Often we succeeded—although only partly, sometimes even after weeks or months—in removing the unpleasant symptoms; but even in such cases we frequently had the sad experience that, owing to some little deviation from instructions, although probably done quite unintentionally, the old pains suddenly recurred in a much more severe form. On the other hand, the exact following out of instructions and the employment of internal and local remedies had no effect whatever. The method now adopted is a different one: we still attach much importance to our instructions being carried out regarding the general mode of living, diet, &c.; but the experience of many years has taught us that success largely depends upon our efforts in treating the local symptoms, disturbing the ordinary mode of life of the patient as little as possible. This local treatment is an extremely simple one, and consists in the employment of Anusol suppositories

The iodo-resorcin sulfonate of bismuth (Anusol), which is absolutely non-toxic, and when not incorporated with a fatty basis is readily decomposed when exposed to air and light,

is made into suppositories in combination with Zinci: Ox: as an adjuvant and Cocao Butter and Ung: Cereum as constituents, and is only supplied in the form of suppositories. The following has proved to be the best formula:

Anusoli, grs. 112.
Zinci Ox., grs. 90.
Balsam Peru, grs. 22 1-2.
Cocao Butter, oz. v.
Ung. Cerei, grs. 40.

M. Fiat suppositoria, No. 12.

One suppository should be inserted into the rectum, above the sphincter, each evening, or, in chronic cases, morning and evening. If the hæmorrhoids are external a portion of the suppository should be well rubbed into the parts; and the remainder of the suppository introduced into the rectum. If the bowels are moved within half an hour after the introduction, the effect is somewhat nullified, and hence another suppository should be introduced. Although the suppositories do not contain any narcotic, the pain is greatly relieved, even after the first suppository; and after prolonged use (one or two dozen suppositories), in almost every case the whole of the troublesome symptoms had disappeared. Of course the treatment is assisted by keeping to a simple and suitable diet, avoiding stimulating foods (strong coffee, alcohol, &c.), and sitting on damp or cold places, without, however, incommoding the patient by any radical changes in his diet or mode of life.

The most important point is the local treatment. Should there be at any time the slightest sign of recurrence, then the immediate employment of the suppositories will be found, in most cases, to absolutely remove the disease.

When we consider that women when pregnant and after parturition are often troubled with hæmorrhoids, constipation, and painful evacuation of the bowels, and that Anusol can be given to anybody under all conditions without the slightest ill-effect, this remedy must be considered of great and useful help to the medical man in the treatment of such affections. Anusol suppositories are valuable not only in the treatment of hæmorrhoids, but have also been successfully employed in many other diseased conditions of the rectum, its mucous membrane, and external surrounding skin, seeing that in cases of constipation, and all kinds of painful evacuations of the bowel, in intestinal tuberculosis, enlarged prostate, &c., a painless, happy evacuation takes place. In fissure of the anus and catarrh of the mucous membrane of the rectum these suppositories often effect—as a result of the aforementioned therapeutic properties—a radical cure. Again, their action is very prompt in cases of oxyuris vermicularis in children and adults, and in cases of painful pruritus vaginæ. In all cases of sores of the external skin, be it in infants or adults, in prurigo, intertrigo, &c., Anusol, when rubbed into the affected part in suppository form, is a safe and never-failing remedy.

A great advantage of Anusol suppositories is that they can be had ready-made for use, which saves the chemist the unpleasant task of making the suppositories and the medical man the trouble of writing out a full prescription. He would simply have to prescribe as follows:

Supp. Hæmorrhoidale Anusoli, No. 12.

Sig.—One every evening (in severe cases, morning and evening), to be inserted into the rectum; or, the sore part to be rubbed with the suppository three times a day.

Of the numerous favorable medical reports which have appeared on the subject, that of Dr. Altschul's on "The Etiology and Therapy of Hæmorrhoids," read in the Aeztliche Verein at Frankfort, November, 1896, and published in the Deutsche Medical Zeitung, November, 1897, should be mentioned.

Dr. Altschul, who has himself suffered from hæmorrhoids for twenty years, and has in his own interest tested many methods of treatment on

himself, says, at the end of his paper, after having explained the various dietetic methods of treatment (loco citato):—"Hantel pessaries, which have been recommended by others, have been prescribed by me in some cases, but no patient showed sufficient perseverance to wear them for any length of time; I will, therefore, not give a conclusive judgment upon them. A disadvantage which cannot be obviated with them is the removal of the flatus which is generated when they are worn. With these pessaries it is possible in medium cases, not to cure them, but to make life bearable and more comfortable. This I have personally experienced. Unfortunately during the spring I did not keep to the dietetic and other limits imposed, and the consequence was a reappearance of the venous knots, with tenesmus and itching. I hoped to derive benefit by climbing whilst staying in the mountainous district; however, unfavorable weather did not allow me to carry out my intentions, and only on my return home could I again resume the usual restricted mode of living. The improvement was despairingly slow, when I casually heard of Anusol suppositories. The first trial with four suppositories was without success, and it was with difficulty that I could be induced to make another trial. I ultimately, however, used them for four days—two suppositories per day, and then for a further four days, applying only one suppository per day. The result was completely successful. Since that time (two months ago) I have complete comfort, only after defecation having to replace—as I have done for years—the prolapsed anus. Upon this last occasion I had been troubled for four months, and attribute the satisfactory cure entirely to the Anusol suppositories. Since then I have prescribed them for a large number of patients, and all found great relief for their troubles, although not to the extent that I did. It seems to have no effect upon hæemorrhage. The effective agent in suppositories is a new chemical preparation called iodo-resorcin sulfonate of bismuth. I have never heard of any toxic or harmful by-effects."

This case is almost typical. On the one hand, we observe that no method has hitherto given the patient complete rest, and that the old pains recur immediately after the slightest irregularity in the mode of living or diet; on the other hand, we observe the almost astounding success which followed the employment of these suppositories when used as prescribed, giving as they did complete rest and comfort for over two months.

We have in Anusol a most valuable addition to our materia medica, which is a great help to the medical man, owing to the simplicity and safety of its employment, and will prove a blessing to the large number of people who are troubled with hæmorrhoids.

Editorial

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THE ELEMENT OF DI AGNOSIS IN TUMORS.

In a recent issue of the Inter-Colonial Medical Journal of Australia is to be found a very valuable contribution on the subject of cases of tumor simulations in malignant diseases, by Fred D. Bird, M. R. C. S. The author in beginning, says:—

"Many abdominal conditions in their physical signs simulate malignant disease in a remarkable manner. When to these signs is added a distinct cachexia, the resemblance may become very close. The diagnosis of some of these fairly numerous cases is cleared up by the natural progress of the disease, as, e.g., in intermittent hydronephrosis, two cases of which have been sent to me as sarcoma of the kidney requiring operation. In others, again, the nature of the enlargement is explained at the time of operation, e.g., hydatids, alive or retrogressing, may especially in the presence of jaundice, pain, and wasting, lead us to infer the malignancy of the disease."

The author then details the history of several remarkable cases of suspected tumor formations in the abdominal areas, supposed to be malignant, which on exploration or operation, presented the most diverse characters but were not malignant. For example, in one instance a tumor was detached in the right hydochondrium, which on incision and exposure turned out to be the twisted over, enlarged and hardened left lobe of the liver. In another case, from which he removed successfully fifty gall stones from the common bile duct, cancer of the head of the pancreas was suspected. In another gall-bladder case, with a history of many months, in which wasting, jaundice, pains, and increased resistance over rthe gall-bladder area were

present, he found a bladder studded with what appeared to be carcinomatous nodules. However, he freed the ducts of adhesions, and removed portion of a nodule for microscopical examination, after which Dr. Mollison decided on its syphilitic nature, and the patient made an excellent recovery with specific treatment, although this was the only manifestation she ever had as far as he could make out.

Myxoedémyatous masses in the omentum have simulated cancers. Hillard Johnson mistook a deep-seated omental abscess for a tumor. The cachexia, the wasting and all, pointed to progressive malignancy. Two cases are recorded of trouble following in the ligated omental stumps after operation for hernia. Knots of silk were fouid responsible for trouble in both instances.

Parietal sarcoma was suspected, in masses, which treatment and the histological elements proved to be gumma; both in individuals who were not ever the subject of acquired syphilis.

Speaking of the latter two cases the writer says: "It is my firm belief that both these cases would have died without medicinal treatment, so rapid was the declension from health, especially in the case of the child. Though it is good evidence of syphilis to find pathological conditions yielding to anti-syphilitic treatment, it is by no means positive evidence of syphilis, and there is room, somewhere between syphilis and sarcoma, for an, at present, hypothetical disease forming a granulomatous and fleshy tumor. The disease actinomycosis, of course, came into our minds, but was speedily dismissed. The practical point I wish to draw your attention to is, that both these cases might have been submitted to a formidable, mutilating, and very likely, disastrous operation, or might have been allowed to die because of a hopeless diagnosis."

We entirely agree with Dr. Bird that there is a class of tumors, set down as sarcomata, which seem to occupy a sort of middle place between sarcoma and gumma. They are not syphilitic and often quickly disperse under the influence of mercury or the iodides.

The diagnosis of tumors of the abdomen is frequently attended with almost insuperable difficulties. The most experienced are sometimes the most guarded in expressing an opinion on their characters or anatomical situation.

There are a few things, however, to be borne in mind, which will be a great aid in the surface examinations. It is assumed that the clinical history be rigorously analyzed and a systematic surface examination made. Now, let us not overlook the first fact; that in most cases of localized abdominal fullness there is a sensitive peritoneum, which tolerates manipulation badly, and calls forth positive muscular resistance.

Here, pulmonary anæsthesia will serve a most invaluable purpose in effecting full muscular relaxation.

Dr. Bird dwells on another diagnosis of a very good character. He says he has more than once opened into the abdomen to find things so matted together and disordered as to at once impress the operator with a belief that he had an inoperable, malignant mass before him, and yet, on cautious unfolding and liberation of the parts, the exudate was found to be possessed of inflammation, therefore benign and curable. Let us then, before we open the abdomen, be fully prepared in all that that term conveys, not only for operation, but to unravel the intricacies of diagnosis. Every organ, every recess, and tissue should be most rigorously inspected, and we should be assured always, beyond any possibility of doubt, that malignancy is widespread and has a hopeless grip on the organs, before we surrender the case as hopeless.

Many valuable lives are saved by surgical operation; and alas! too many sacrificed through mistaken diagnosis.

WAYSIDE NOTES.

The English are nothing, as a rule, if not bumptious and supercilious. Two experiences as an illustration: Two years ago, when in London, I wanted to get a cheap bag, preferably a "telescope," in order to carry some recently bought clothes that would not go in my trunk. After vainly looking in various windows for such a thing, I stepped into a trunk store and explained to the proprietor what I wanted. With ineffable disdain and offensive manner he replied that he could not afford the space to keep cheap articles of such a class. "Yes," I rejoined, slowly glancing around the store, "this is, as you suggest, a very small shop indeed." And then I left.

This last summer, when again in London, I saw, whilst walking down High Holborn, a large show window in a big building full of water filters of an odd and attractive design. As anything in the way of a filter interests me, I examined the display closely, and seeing that the filter would "kill bacteria, oxidize the organic matter, remove all sediment and render it perfectly pure," I entered the store to inquire more particularly about this remarkable filter. A large and self-satisfied looking gentleman stepped up to inquire what I wished. I asked him if he had a circular explaining the mechanism of the filter in the window. "Certainly," and he gave me one of the circulars I had seen in the window. "Thank you," said I, "but this circular simply states what the filter will do. Have you something detailing the mechanism of the filter, telling how it acts?" "Are you in the business?" he inquired. "No," I replied, "I am not in the business, but I know something about bacteria and oxidizing organic matter, and I should like to know how it is done in this case." "Ah," he rejoined, pompously and haughtily, "our customers do not usually ask such questions, you know. It is a patent process of our own. It will kill bacteria, oxidize organic matter, remove suspended substances and render the water perfectly pure," quoting the circular. "You mean," I inquired, "that it is a secret process and you don't tell how it is done?" "It is a patent process of our own," he repeated in his former tones, "and will do just what we say." Whereupon we both turned our respective heels, he towards the back of the store and I towards the door, and the incident was ended.

PEDIATRICS

In charge of LOUIS FISCHER, M. D.

ACUTE ABDOMINAL DISTENSION IN CHILDREN.

Dr. George F. Still, Great Ormond Street Hospital, in Pediatrics for September 15th, 1897, says this condition occurs as a late complication of diseases, not primarily attacking the digestive tract, and common with broncho-pneumonia. While not necessarily a fatal complication, it certainly is a dangerous one and often hastens death. He relates five cases, one of which recovered. He gives post-mortem report of the other four, showing in photograph first the abdominal distension, and second the visceral distension after opening the cavity. In one case the distension was in the ascending and transverse colon, in a second in the small intestines, and in the third in the stomach. It should be vigorously combated by position, passing tubes, and by creosote. L. F.

GANGRENOUS VULVITIS AFTER MEASLES.

John A. Larrabee (Pediatrics, Oct. 1st, 1897) in the course of an article on Measles reports one case of a babe in which this complication occurred. Other children in the house had measles but this babe had none of the usual symptoms. Depression of spirits, painful micturition, vulvo-vaginitis, death from sepsis in collapse in five days was the sequence of events. Post-mortem showed gangrene of the internal parts connected with the vagina up to the uterus; blebs with sloughing extended above the mons veneris. Different varieties of cocci resembling diplococci were found, but nothing pathogenic. This condition is described by Holt, as Gangrenous Vulvitis (noma). L. F.

ACUTE ARTHRITIS AND EPIPHYSITIS OF INFANTS AND YOUNG CHILDREN.

Frederic Eve, F. R. C. S. (in Pediatrics, Oct. 15, 1897) has an article on this subject. He includes under this head arthritis secondary to osteo-myelitis, at the extremity of the diaphysis, close to the epiphysial disc, arthritis secondary to a tubercular lesion in the bone at or near the epiphysis and suppurative arthritis due to a syphilitic epiphysitis.

The importance of early diagnosis is dwelt on and treatment given which is practically that of an abscess, gouging out the osseous lesion and applying pure carbolic acid. L. F.

CONTRIBUTIONS OF BACTERIOLOGY TO THERAPEUTICS. THE WESLEY M. CARPENTER LECTURE FOR 1897, BY WM. H. PARK, (PEDIATRICS, NOV. '97).

Tetanus antitoxin is very valuable as an immunizing agent against possible infection in cases of lacerated wounds or before serious operations in localities where tetanus is not infrequent. Its power in these cases is marvellous and certain. In acute cases developing within a week and running a course of 48 or 72 hours, as a treatment it is of very little value, but when the incubation is longer and the course more sub-acute benefit will follow its use. Along with the usual treatment it should be given in doses of 20-50 c.c. twice daily and beginning at the earliest possible moment.

Diphtheria.—The result of the antitoxin treatment are so well-known that the writer's conclusions need not be repeated.

Diseases due to the Pneumococcus.

—These are pneumonia, pleurisy, pericarditis, endocarditis, abscess, cerebrospinal meningitis, etc. The author does not think that the serum is of any practical value in the treatment of developed pneumococcus infection; nor does he think that it ever will be. It, however, is harmless and there is no objection to its use.

Streptococcus infections.—His conclusions are: The preparations of antistreptococcic serum now on the market are either quite weak or entirely wanting in curative substances. We are justified in using serum only when it has been recently tested and shown to have some value in preventing infection in animals. The serum preserves its strength only for a short time. L. F.

RHEUMATISM IN CHILDREN.

An editorial in the Archives of Pediatrics for January, 1898, says among those who have studied rheumatism in children most carefully and have done most to correct older errors of belief regarding it is W. B. Cheadle, of London. In a recent article in Treatment he describes the various peculiarities of the disease in the young and writes most judiciously regarding the treatment. He refers particularly to the fact that the risk of cardiac complications in acute rheumatism is in inverse proportion to the age of the patient; hence the great importance of an early and correct diagnosis of rheumatism in children. But such a diagnosis is, unfortunately, often very difficult to make, and not uncommonly acute rheumatism is only thought of as a cause of some childish ailment when irremediable damage has been done to the heart by an endocarditis or pericarditis which has run an insidious course. And yet, if sought for carefully, there are in nearly every instance certain symptoms which ought to suggest the true nature of the ailment. The mistakes made in the diagnosis of acute rheumatism in children arise chiefly from the fact that in this class of patients the symptoms of arthritis, acid sweats, and pyrexia, to which we trust chiefly in diagnosing the disease in older people, are less prominent. The disease runs what in the adult would be called a subacute course.

In acute rheumatism of early life arthritis is at its minimum; endocarditis, pericarditis and chorea at their maximum; pleurisy, tonsillitis, the vasomotor and hemorrhagic phenomena, and the erythemata and pupura, are more common, tending to decline as puberty is passed. There is also a special tendency in children for the various phases of the affliction to arise independently and apart from one another. This is an important point, which Cheadle was one of the first to point out. Endocarditis or pericarditis may arise in a rheumatic child not only without any accompanying joint affection, but in rare instances without any recognized rheumatic phenomena to give warning of the nature of the true complaint.

As a rule, however, a slight stiffness of the joints, chorea, crop of nodules, or erythema give some slight indication of a rheumatic condition. When a case of endocarditis arises in a child there is prima facie presumption that it is rheumatic. If, with the cardiac affections, we have chorea, fibrous nodules, tonsillitis, erythema, or pleurisy, whether these have occurred recently or have cropped up at intervals through months or even years, the cardiac inflammation is almost entirely rheumatic.

The existence of a family predisposition is of great significance. The occurrence of the conditions mentioned above, and even the presence of the subcutaneous nodules alone, which are pathognomonic of rheumatism, are sufficient for diagnosis. As the heart affection is so serious in childern this organ should be carefully examined whenever any of these rheumatic symptoms are met with, and in every feverish attack, simple though it may appear, the condition of the heart should be ascertained. L. F.

TREATMENT OF ANEMIC DYSPEPSIAS IN CHILDREN.

Eldridge G. Cutler in speaking of treatment, advises the use of ferratin to increase the hemoglobin. In examining the patient, the relation or dependence of dyspeptic conditions on other local diseases or general disturbances should be sought and found. The lungs and the urine should be examined; the hemoglobin should be examined weekly, and the patient weighed. If diet and control of daily life do not increase the hemoglobin, then ferratin should be used to aid other measures. L. F.

—Boston Med. and Surg. Jour., 1897, vol. cxxxvii, No. 11.

COUGHS IN CHILDREN.

An editorial in Pediatrics of December 1, 1897, says there are many varieties of coughs which do not proceed from pulmonary complications. Emil Mayer has recently published a pamphlet dealing with this not generally recognized fact. Some of these coughs which Thompson designates as useless are common both to adult and child, while one of two are peculiar to the age of childhood. These coughs, which are reflex in origin, are often the cause of much thought to the physician, and are by no means easy to diagnose correctly. The hacking night coughs of children fall into this category. According to Dr. MacCoy, of Philadelphia, these coughs are mostly due to nasopharyngeal obstruction, and the reason that they are only troublesome at night is because when the child is in an erect position during the day gravity lends its force to facilitate the escape of the secretions from the nasal passages; but at night, when the child is lying down, this secretion cannot escape by these means, and the cough is brought on by mechanical irritation. Again, there is the paroxysmal hacking cough of children described by Dr. Francis Warner, of London. This cough occurs in children who, although emaciated and unable to eat, have a normal temperature and the physical signs of healthy lungs. Dr. Warner attributes this condition not to peripheral irritation, intestinal worms, affection of tonsils or pharynx, but to unbalanced central nerve action, and as his conclusions were based on the examination of 22,000 children in schools, he is in a position qualifying him to speak with authority. Lastly, there is the hysterical cough which is common alike to adults and children.

L. F.

CLINICAL SURGERY AND SURGICAL PATHOLOGY.

In Charge of T. H. MANLEY, M. D., New York.

THE SURGERY OF GASTRIC ULCER, WITH THE REPORT OF A CASE OF GASTROLYSIS.

J. Collins Warren, Boston.—After some general remarks on gastric ulcer the writer deals with perigastritis. "It may be of all degrees of severity. There may result very slight adhesions to the abdominal walls, or they may be so extensive as to fasten portions of the stomach to other organs and form a perceptible tumor. * * * It may be the forerunner of suppurative processes and subphrenic abscess. The symptoms of perigastritis are—cardialgia, boring pains, vomiting, hyperæsthesia combined with dilatation of the stomach, localised tenderness on pressure, usually in the epigastrium or hypochondrium. In perigastritis postica there may be tenderness in the lumbar regions near the first or second lumbar vertebra. Perigastritis may be suspected where treatment fails to relieve the symptoms of ulcer. The pain resembles somewhat that observed in hernia epigastrica.

History of Case.—Man, aged 41; chronic dyspepsia and constipation for many years, and at certain intervals paroxysmal attacks of pain in epigastric region lasting a few hours. No blood vomited or passed by bowel. No jaundice. Two days before entering hospital in February, 1898, he was suddenly seized with great pain in region of gall-bladder while at work, and fell in great agony. The pain lasted several hours.

Tumor felt in right hypochondrium at margin of cartilage of ribs; hard and ill-defined; apparently attached to abdominal wall. Dullness on percussion. Pain in right lumbar region. Operation showed presence of a thick exudation over liver; gall-bladder embedded in light adhesions; pylorus embedded in an extensive exudation. When adhesions were removed nothing else abnormal was found except a cicatrised band at the lower margin of the pyloric orifice. The patient made a good recovery.

—Boston Med. and Surg. Jour., Sept. 29th, 1898.

TRACHEOTOMY BY THE AID OF LOCAL ANÆSTHESIA. ABSTRACT.

BY THOMAS H. MANLEY, M. D., NEW YORK.

Schoetz—Berliner Wochenschrift—after an extensive study on the local and general effects of cocaine, inquires if four or five grams of cocaine, hypodermatically administered, may not exert a deleterious influence on the heart in laryngeal stenosis? Fränkel frequently employs four grams for this purpose, and declares that when it is done by the Schleich method it is entirely innocent, but he nevertheless warns us of the importance of noting cautiously the cardiac condition, and cites an instance in which, after tracheotomy was performed without an anæsthetic, the patient promptly succumbed from cardiac failure.

Willowski has found cocaine solutions dangerous for patients suffering from cardiac disease. It is believed that by Schleich's method all this danger is obviated.

Meunier has found the local effects greatly intensified when a quantity of cocaine equal to that injected is swallowed. Herzfeld, in 1888, saw Schroetter at Vienna perform many tracheotomies with cocaine, in both acute and chronic cases, and always without the least pain to the patient. Annales de Larynagologie, June, 1898.

Local Cocainization in Adult Trachеotomy.—Seven years ago it became necessary for me to perform a trachеotomy on a young man for acute œdema of the larynx, succeeding a severe traumatism.

On that occasion the struggles, the strangling and desperate degree of asphyxia under a pulmonary anæsthetic were so great and the patient's escape from death was so narrow that it was believed that the great difficulties in the way of tracheotomy were not inherent to the operation, but were dependent on the employment of a pulmonary anæsthetic. Since that time I have performed tracheotomy four times, in all cases under the local influence of cocaine analgesia.

The difference in the degree of simplicity and security and safety between this and pulmonary anæsthesia is most extraordinary. The patient sits up with the head well thrown back facing a good light. Cocaine being a hæmostatic of great energy, hemorrhage, the most troublesome complication, is but trifling. A free vertical incision divides the integuments and deep fascia. As the isthmus of the thyroid is reached, the scalpel is turned on its back and, according to the plan of Dawson, the tissues are divided through by tearing rather than by cutting.

The trachea exposed, is opened from below upward. I have employed hypodermatic cocainization in one infant who had stenosis from a retro-tracheal abscess. But as the drug acts with lethal effects in infants, they are difficult to control, and as the anatomical arrangement is such as renders tracheotomy extra hazardous with them, probably we must continue to employ pulmonary anæsthetics.

Cocaine-tracheotomy should entirely displace pulmonary anæsthetics in all adult cases, for with ordinary precautions there are practically no dangers in its employment.

As to the substitution of Schleich's mixture, my own experience is entirely with the experience of Reclus, who after extensively testing the former has declared that it offers no advantages over cocaine hypodermatically, but, moreover, in consequence of the augmented volume it is necessary to employ, and its slowness in action when haste is imperative, it is much inferior.

My experience has taught me that a few repeated doses of alcoholic spirits by the mouth in the use of cocaine serves a double purpose; in, first, rendering anæsthesia more effective, and, secondly, in neutralizing and entirely inhibiting the lethal action of the alkaloid.

In highly neurotic females 1-6 of a grain of morphine may be blended and taken with the stimulant; in those with feeble cardiac action or organic disease, it is my practice to begin cocainization by the hypodermatic injection of 1.50 grain of strychnia. Cocaine may be used with singular success in a great number of operations; but it is incomparable and unrivaled in any operation involving the opening of the air passages.

—Journal of Eye, Ear and Throat Diseases.

ERYSIPELAS AND ACUTE ARTICULAR RHEUMATISM.

Monteaux enters with some length on the subject of co-existence of erysipelas and articular rheumatism. He had seen acute articular rheumatism follow erysipelas of the face; and cites several similar instances of rheumatism succeeding erysipelas in different parts of the body, by Boissier-Van Swieten, Stole, Buillon, Loroy and Charcot.

He confesses that our ignorance of the cause of erysipelas renders the subject a difficult study.

He cites Perrond and Danoyer, who claim a close identity between the two diseases. These authors allege that often, before rheumatism pains set in over a joint, the first morbid change is an erysipelatous flush, oedema and deratitis. Others have characterized those conditions as pseudo-rheumatismal; as arthro-

pathic affections of an infectious order.

But, then an arthritis starting in a patch of erysipelas, taking on intra or extra articular suppuration, accompanied with cardiac complications is amenable in a large measure to the salicylates.

Spillman believes that non-articular rheumatism might ensue from the infection of local erysipelas, or that a generalized inflammation in the joints might also complicate the lesion in the soft parts.

This type of rheumatism has been denied by Legendre and Roger. The first collected 400 cases of erysipelas, in which but six arthropathic complications developed; four suppurated, and two only were rheumatoid.

—Revue de Medicins, Jan. '99.

NOTE BY TRANSLATOR.

The author goes on and cites ten cases in his own practice, which would seem to point a relation between these two maladies. It is true he gives us no bacteriological proof, but neither disease has so far provided us with a definite or specific microbe. However, although we have certain clinical evidence of a certain relation between erysipelas and rheumatism there can be no possible identity.

We all know of individuals prone to erysipelas if they eat certain articles of food, who are never rheumatic; and, again, the most helpless pitiable rheumatics who never had erysipelas.

The subject, however, is one of great interest to surgeons, as they have so much to do with joint lesions, often of a most complicated pathoganic character, whose etiologic factors are exceedingly obscure.

We do know that rheumatism plays many strange freaks in the arthroses of various stages in life, and that there are almost endless phases of it.

There is nothing in the argument that because the salicylates relieve great pain, they must be rheumatic; on the contrary they will often give relief to the joint-pain or the bone-ache, or grippe, or neuralgia as well.

T. H. M.

THE SEVERANCE OF SEVERAL TOES WITH RESTORATION.

John Cooke Laurens reports the case of a colored man who had been using a heavy axe, and had cut through the heavy shoe he wore, severing the metatarsal bone of the first toe just through the head, and completely disarticulating the toe. The second toe was off entirely just in front of the metatarsal joint, and the third was cut and broken, but not off. Owing to the distance from the house he had to ride horseback more than a mile, and this, with the slowness of the messenger, caused a delay of four hours before the doctor reached him. The shoe and sock had not been removed, and the foot was elevated. The author cut the shoe away with the sock, and found that practically all hæmorrhage had ceased, owing to the clots. When he examined the injury the second toe fell away in his hand, and the first toe was discovered to be hanging by a mere string of skin, every muscle and vessel being cut. As in all cabins, the room was small and ill-suited for hospital purpose, but it was decided to try the forlorn hope and replace both toes. The site of injury was washed in warm water and was found very dirty. No hæmorrhage other than a slight oozing being present, the hot water was quite sufficient to stop it. The toes being quite warm from the mass of clot which filled the shoe, no time was lost in placing them in position and suturing the approximated edges, the needle being inserted deep enough to include the tendon on each toe. Interrupted sutures were used, as the foot was very rough and the wound in an awkward place for continuous work. A dressing of iodoform and boric acid, equal parts, was used, with plain gauze, and the foot bandaged to a splint extending beyond both heel and toes. The iodoform was discontinued after the first day, as it inflamed the part too much, and plain boric acid

was substituted. In spite of the disadvantages of lack of attention, care, etc., union by first intention occurred over more than half the injury, and there was but little pus where granulation took place. On the third day sensation was present in both toes, and in a week the patient could move them a little on the splint. The stitches were removed on the tenth day, and a good recovery was made. In July the toes were reported to be strong and movable; sensibility was perfect, and, save for a little tenderness, the man said his foot was as good as ever.

New York Med. Journ., August.

THE SURGERY OF ULCER AND CANCER OF THE STOMACH.

Th. Kocher advocates a more extended use of exploratory incisions in doubtful cases of gastric disease. He has regretted delay in operating often, but operating never. Thus simple ulcer in elderly people is often difficult to distinguish from carcinoma, but both are often best treated by removal, and hence the difficulty is not of much importance. The indications for operation in simple ulcer are: (1) repeated hæmorrhages (two or three), even if small, and especially if dilatation of the stomach is present; (2) violent pain and frequent vomiting, when caused by retention from pyloric obstruction; (3) perforation; (4) the possibility of its being not simple but cancerous. Mikulicz concludes from an analysis of 238 cases that the danger to life of an operation for simple ulcer is not greater than the average danger of the ulcer itself. Every operation must be adapted to the case. Thus the results of enterostomy or pyloroplasty have been brilliant in relieving pain and dyspepsia, which are generally due to pyloric obstruction, even when the ulcer has not been excised. When there are many adhesions Kocher considers a circular resection of the stomach to be often safer than an irregular excision of the ulcer. Again, for hæmorrhage, a regular pyloric resection will often succeed where circumscribed excision or ligature of the bleeding vessel are impossible. As regards carcinoma: The author quotes Leube with approval that if the symptoms (gastralgia, etc.) are to be benefitted at all by medical treatment, the improvement must begin in four or five weeks; that is, if there is no change in that time, the case is probably malignant, and surgery is the only chance. The operation is also frequently postponed too late, because free HCl is present, which is supposed to exclude carcinoma, but does not. Another argument for early operation is that, even though the diagnosis prove to be wrong, and the gastralgia, etc., to be dependent on adhesions, epigastric hernia, or gall stones and their complications, these diseases cannot be cured except by operation. Even if the symptoms are neurotic, a laparotomy may cure them. Kocher says, therefore, whenever in doubt, operate. He has performed fifty-seven resections, and from his results can state that carcinoma of the stomach is now a curable disease, and that patients from whom it has been removed may live for years, well nourished and with a good digestion. He strongly advocates his own operation—namely, resection of the pylorus with a complete closure of the wounds with a double suture, and subsequent posterior gastroduodenostomy. He does not approve of Murphy's button.

Correspondenzblatt f. Schweizer Aerzte, October 15th, 1898.

LOCAL ANÆSTHESIA AND ARTIFICIAL ISCHÆMIA.

Braun holds that the arrest of the supply of blood to a limb by Esmarch's method, is both a useless and a dangerous adjunct to any plan of producing local anæsthesia. In discussing the practice recently advocated by Kofmann of rendering bloodless the seat of a proposed operation and then injecting a solution of cocaine, he asserts that an artificially-produced anæmia does not by itself affect the organs of painful sensation. The action of cocaine or any other local anæsthetic injected into

the tissues may, however, be intensified by the condition of anæmia in consequence of the arrested absorption of the anæsthetic solution. If local anæsthesia be absorbed after the simple production of local ischæmia such a result is due not to the cutting off of the blood supply to the benumbed parts, but to a dangerous compression of the sensory nerves.

Centralbl. f. Chirurgie, No. 43, 1898.

THE PATHOLOGY OF GONORRHŒA.

Leleneff finds that gonococci have a most destructive action on cellular protoplasm, causing it to degenerate and liquefy, leaving only a feeble staining, vacuolised nucleus. As similar changes have been observed both in cells containing gonococci and in those in cells free from them, this destructive action must be due to some toxins produced by the gonococci. The latter chiefly invade epithelial cells and leucocytes. The presence of gonococci in the protoplasm of white blood corpuscles can partly be accounted for by the theory of phagocytosis; but that this is not the sole explanation is evident from the fact that the germs of gonorrhœa have been found to multiply inside these corpuscles, and to destroy its protoplasm. It was formerly supposed that gonococci only invaded columnar epithelium, and did not penetrate deeper than the submucous layer. It is now proved that they may invade squamous epithelium and connective tissue, and even penetrate between the bundles of muscular fibres. Thus gonococci have been found in the urethra of both sexes, in the vagina and cervical secretion, in the body of the uterus, in the pus of pyosalpinx, in the bladder and kidneys, in the cavity of the mouth and nose, in the ear, in the joints, in endocardial vegetations, and in the blood. Gonorrhœa is a general infectious disease, and gives rise to certain general symptoms. Such are a rise of temperature and an increase in the number of leucocytes in the blood during the acute stage, and a decrease in the number of red corpuscles during the chronic stage. There is also observed a fall in the weight of the body. In addition to these general symptoms any system in the body may suffer. Besides the swelling of the lymphatic glands, chiefly in the genital region, the spleen has been found enlarged in a number of cases. If the gonococci gain access to the blood they may cause organic disease of the heart, such as pericarditis, myocarditis, and endocarditis, or functional disorders like tachycardia, palpitation, and angina pectoris. Inflammation of the aorta, inflammation of the veins, infarcts in the spleen, peliosis rheumatica, and epistaxis are other disturbances of the circulatory system which have been observed. The respiratory system is sometimes affected, and then we find pleurodynia, or even pleurisy, with effusion containing gonococci. In the alimentary system we may get stomatitis, loss of appetite, all kinds of gastrointestinal troubles accompanied by jaundice and fever, and sometimes resembling typhoid. Albuminuria, gonorrhœal pyelitis, and gonorhœal nephritis have been met with, but their pathology has not been sufficiently investigated. The nervous system suffers early, and the following affections have been observed: (1) Changes in the sensory nerves, causing anæthesia, hyperæsthesia, paræsthesia, and pains in the nerves, in the skin, in joints, in muscles, and in internal organs; (2) changes in the vasomotor nerves causing hyperæmia, anæmia, paralysis of vessels, and dermographism; (3) changes in the secretory nerves causing increased or diminished sweating, local sweating, an increase in the flow of mucus from the urethra, etc.; (4) changes in the trophic nerves causing some forms of skin disease, atrophy of the testicle, and muscular atrophy; (5) changes in the motor nerves, causing paresis, paralyses, and twitchings; (6) changes in the skin reflexes and tendon reflexes. Gonorrhœal affections of the central nervous system give rise to a variety of symptoms, such as asthenic neuropsychosis, neurasthenia, hemiplegic

phenomena, etc. Lastly, the skin of gonorrhœal subjects is often affected with erythema multiforme, dermatitis, hæmorrhagic purpura, urticaria, horny excrescences, local ichthyosis, keratosis of the soles of feet, alopecia areate, and chloasma.

Vratch, No. 4, 1898.

WHEN MAY THE SUBJECTS OF GONORRHŒA BE DEEMED CURED?

The Journal des practiciens for 16th April regards this question as of the gravest importance, because the compulsory abstention from intercourse bears hard upon the patient, while its too early resumption is fraught with danger to the woman. It is commonly recommended to have recourse to the "reaction of Neisser" which which consists in producing an artificial irritation of the urethra by injecting some drops of a solution of nitrate of silver, whereby a secretion is caused which may be examined for gonococci. For the same purpose, the drinking of beer, the passage of bougies, etc., are recommended. Dr. Delefosse condemns these measures as not only without value, but actually dangerous by reason of the risk of producing cystitis, orchitis, etc. His method of procedure is as follows: Coitus is not permitted so long as there remains filaments in the urine in any number, or so long as the filaments are long and fall rapidly to the bottom of the vessel or contain gonococci, pus organism, or even many pus cells. When the filaments are short, few in number, slight, and floating, he directs the patient to present himself early next morning without having urinated since night, and having thoroughly fatigued himself on the preceding day. Pressure is made per rectum on the prostate, then the finger is drawn exteriorly along the urethra for its entire length, pressing firmly. At the same time, if necessary, a bougie may be introduced to afford a point of resistance. He collects from the meatus the discharge so obtained and submits it to a microscopical examination; finally, the canal is scraped to a depth of two inches or two inches and a-half from behind forward, and the scrapings are examined under the microscope. If these two examinations are negative he directs the patient to drink, during the following week, beer or champagne, to ride a bicycle, and to take long walks; then he makes another morning examination. If this proves negative, he sanctions coitus after a fortnight.

—N. Y. Med. Journ.

THERAPEUTICS

In charge of H. B. SHEFFIELD, M. D, New York.

FORMALDEHYD IN THE TREATMENT OF TUBERCULOSIS.

After finding that tubercule-bacilli perish if exposed to a 6 per cent. solution of formaldehyd for forty-eight hours, Dr. Murrel tested the efficiency of this drug in fourteen cases of tuberculosis, in its different stages. The patients were allowed to inhale a spray of the solution once or twice a day. Either compressed air was made to bubble through the solution, or, at times, the bib-method was used. Excepting an occasional administration of 1-60 of a grain of picrotoxin, to check the night sweats, no other remedy was given. Twelve of the patients improved considerably, while two of them only slightly. Dr. Murrel experimented also with the various essential oils recommended in tuberculosis and received negative results. He, therefore, believes that the formaldehyd inhalations are strongly to be recommended.

While no doubt exists as to the efficacy of formaldehyd as a germicide, it remains to be seen whether a weak solution of this drug, when inhaled once or twice a day, would exert a destructive effect upon the tubercle-bacilli, deeply lodged in the alveoli of the lungs. Realizing the fact that the healthy human body is not susceptible to tubercular infection and that pulmonary tuberculosis affects only those whose tissues have lost their vital resistance, as through mal-nutrition, continued exposure to vitiated air, or disturbance of the respiratory organs from pneumonia, bronchitis, etc., it becomes evident that our chief attention in the treatment of tuberculosis should be concentrated upon the building up of the human system in general and the organs affected in particular. The excellent results obtained from the administration of creosore are not due to its germicidal effects upon the tubercle-bacillus, but to its quality to improve the condition of the bronchial mucous and to promote metabolism. Adding to this an abundance of wholesome food to supply the bronchial cells with nourishment, and plenty of pure air to supply the blood with oxyhemoglobis, the patient gains his normal power of resistance and is thus placed in the best condition for recovery.

H. B. Sh.

—Brit. Med. Jour., No. 1987, '99.

TURPENTINE AS A REMEDIAL AGENT.

The author calls special attention to the value of turpentine in subacute and chronic catarrh and as a hemostatic. He considers that the chief causes of the neglect into which this remedy has fallen have been the large dose formerly employed (half an ounce), and its administration as a distasteful emulsion. In gastric cases with decided irritability it is best given in suspension, not as a gummy emulsion, but in the form of a mixture to be made at the bedside by stirring from two to ten drops of oil of turpentine in an ounce or two of water well sweetened with saccharum anisi of the German pharmacopœia. The sealed capsule is to be preferred in cases in which irritability is not a marked symptom. The author finds it of great value in hæmatemesis due to gastric ulcer, and also in that arising from chronic alcoholism. It is of equal value in subacute and chronic catarrhal conditions of the gastro-intestinal tract. In catarrh of respiratory system,

with free secretions, its value is exceptional. In the catarrhal conditions of phthisis its remedial effects are easily appreciated, and rank with creosote and guaiacol. In the hæmorrhages of phthisis it should hold first place among drugs. The author believes that in small doses in cases of chronic catarrhal nephritis which are under close observation it is often beneficial. In chronic cystitis and urethritis it is of extensive usefulness. In hæmaturia and in some cases of metrorrhagia it is a valuable hæmostatic.

—Ther. Gaz.

FORMALIN FOR SWEATING FEET.

Gerdeck advocates the use of formalin in this malady. The sole of the foot should be painted with pure formalin three times a day; between the toes only once, and not at all on the dorsum of the foot. In addition it is useful to pour four or five drops of formalin on to the boot and warm it; this serves to disguise the odor of sweat and is also a good preservative of leather. The results are said to last for three or four weeks, when a repetition of the treatment is necessary. If the pure formalin is objected to, a thirty per cent. solution may be painted on more frequently. The formalin acts as a deodorant and is non-toxic. The skin becomes dry as leather, and no longer sweats. No harm was observed amongst the soldiers whose feet-sweating was stopped by this treatment.

—Rif. Med., Nov. 15th, 1898.

INUNCTIONS OF UNGUENTUM CREDÉ IN EPIDEMIC CEREBRO-SPINAL MENINGITIS.

BY DR. GUSTAV SCHIRMER, CHICAGO.

(Translated from the New Yorker Medicinische Monatsschrift, Vol. X., No. 11, November, 1898.)

Inunctions with the Unguentum Credé gave such satisfactory results in nine cases occurring during the severe epidemic of cerebro-spinal meningitis that occurred in the spring of 1898, that I deem a short description of them proper and timely.

1. E. Britzki, 11 years old. After having been sick for 10 hours the patient's symptoms were very severe, and my diagnosis wandered through all the diseases from appendicitis to scarlet fever. Upon my second visit I noticed that the patient, otherwise very restless, did not move his head. That cleared up the situation. The diagnosis of meningitis cerebro-spinalis, however, only served to emphasize my utter helplessness in face of this terrible disease. I felt that I could lose nothing if I made the first experiment in it with the salve which had done such good work in other apparently hopeless cases. The report of the mother on the next day was favorable. After each inunction the patient had become quieter. The violent vomiting was combatted with carbonated waters mixed with lime water, and the entire withholding of nourishment of any kind. In 14 days the patient was well. My second case was destined to put the salve to a severe test.

2. Hazel Hammond, 4 1-2 years old. The patient had already been treated by others for 4 days, and presented a typical picture of a cerebro-spinal meningitis. There was crossed paralysis of the arm and leg, strabismus, and ecchymoses upon the hands. The temperature rose on some days to 106 degrees F., there were marked swellings of the right wrist and left elbow joints, involuntary evacuation of the urine, and dreadfully offensive alvine discharges. The severer symptoms remitted after about 4 days, and in about 12 days they had disappeared. The appetite became so good that the patient suffered from spoiled stomach several times. During the next 10 weeks the patient's condition varied. Violent headaches awakened her from her sleep. Her emaciation became excessive. Ninety grams (3 ounces) of the salve were used altogether. After 3 1-2 months her father reported her completely recovered.

3. Emma Epstein, 8 1-2 years old. The patient sickened with cramps and paralyses of the legs, after having

taken several hours before powders of pelletierin prescribed by Dr. R. Although the dosage of the drug was not excessive, her symptoms were ascribed to pelletierin poisoning. When I saw the patient with Dr. R. there could be no doubt of the diagnosis of cerebro-spinal meningitis. The case was noticeable on account of the excessive rigidity of the muscles of the neck; the head was held almost at right angles to the spinal column. The patient improved very rapidly, though she had frequent relapses during the 9 weeks that the sickness lasted. In all 60 grams (2 ounces) of the ointment were used. The patient is now healthier and stronger than she was before her sickness.

4. A. Kuemmel, aged 6 years. An indubitable case of cerebro-spinal meningitis. Rapid improvement. Fourteen days later two younger members of the family fell sick with convulsions, were treated by some one else, and died in 3 days. I saw my patient 6 weeks afterwards; she was still emaciated and weak, but, according to her mother's statement, quite well.

5. Harry Muttan, 8 years old. Distinct rigidity of the muscles of the back of the neck; temperature 105 degrees F.; violent vomiting. The patient had only been ill for a few hours. In spite of his violent struggles against it, cleansing of the nasal cavities, from which there came for 10 days a yellowish, blood-stained secretion, was effected. The patient was cared for by a trained nurse, 60 grams (2 ounces) of ointment being employed. In this case the relapses sometimes only lasted 1 day.

6. Otto Freudenberg, 12 years old. The patient had suffered for 2 days from nausea and stiffness of the limbs; his temperature is 103.4 degrees; he is sleepy and does not want to be disturbed. There is rigidity of the muscles of the neck, and pain over the spinal column. Defervescence of the fever after 10 days, the patient feeling well. Then a sudden increase of the temperature to 104 degrees F. Complete recovery after 4 weeks.

7, 8 and 9. These cases ran courses similar to that of No. 6.

The cases that were treated at once with the inunctions recovered quickly, and without any serious disabilities. Even those first treated later, however, and which were certainly severe cases, got well. In no case was there any defect of the organs of sense left behind. Where there are many of these cases we hear first of the deaths, and then later of the blindness and deafness of those that survive. In Epstein's case a female friend, who was studying medicine, wanted to call in a consultant; but when she saw that so many of the cases died in the hospital, she withdrew her proposition.

My method of treatment was as follows:

1. Inunctions of 30 grams (1 oz.) of Unguentum Credé daily for 3 days, and a further 10 grams (1-3 oz.) at each relapse.

2. Very hot water applications to the spinal column when there was great pain.

3. Antiseptic cleansing of the nasal cavities, as soon as the general condition of the patient permitted it to be undertaken.

4. Small doses of trional when there was great restlessness.

It was at the suggestion of Dr. Edwin Klebs that Dr. Schirmer elaborated this article after reading his paper before the Chicago German Medical Society; and in the same number of the New York Medicinische Monatsschrift, Dr. Klebs makes some remarks on the subject for the purpose of encouraging practitioners to further experimentation with the inunctions and to the recording of the results of their observations. He calls attention to the fact that absorption by the skin and action through that membrane on the deeper parts, though apparently abundantly proved by the older medicine, has lately been more or less discredited. Scientific massage,

however, has already begun to develop a reaction against this rather too far-reaching scepticism. The entrance of foreign bodies of varying degrees of absorbability into the skin, such as mercury and iodine, and even its penetration by micro-organisms, must be regarded as facts thoroughly established both by experimentation and by actual experience. After penetration, however, the tendency is to disregard the influence of osmosis, and take into account only the action of the lymphatic and blood vessels. Of course, where there is an abundant vascular stream the action of osmosis is more or less interfered with. The important factor of the migratory connective tissue cells is, however, too much neglected. These take up the micro-organisms, at all events, and possibly other substances, and do not always follow the lymph and blood channels. Dr. Kiebs then refers to certain experiments that he had made with the tubercle bacilli which demonstrated this completely, and he believes that possibly the action of the inunctions in cerebro-spinal meningitis can be explained in this way.

THE THYROID TREATMENT OF OBESITY.

In a recent article in the Wiener Medicinische Wochenschzift, Dr. M. Weiss relates his experience with thyroid feeding in the treatment of obesity. He arrives at the general conclusion that we possess in the thyroid preparations a remedy which acts both promptly, pleasantly and safely, and fulfills all the requisites of a rational method of treating corpulence, namely, by leaving intact the albuminous constituents of the body, by stimulating the heart and improving the general health. He reports in detail three cases treated with iodothyrine, in all of which considerable reductions in weight were obtained, without subjecting the patient to the least after-effects. Even in a case of marked cardiac lesion no untoward effects upon the heart were noted, on the contrary a pronounced improvement of the cardiac functions probably due in part to the diminution of the fatty envelope around the heart. In the plethoric form of obesity it is advisible to adopt an appropriate diet of diminished quantity of fats, while in the anaemic form the conjoint use of ferruginous preparations is advantageous. In the author's opinion the favorable effect of iodothyrine in these cases is due to the increased oxydation of the fats, and the augmented secretion of urine, without impairment of the nitrogenous matebolism.

IODINE OF POTASSIUM IN HÆMORRHAGIC ENDOMETRITIS.

Silvestri draws attention to the value of iodide of potassium in the treatment of fungous endometritis and the mterorrhagia of uterine fibroids. He records five cases, in each of which, with one doubtful exception, syphilis could be excluded, where the administration of moderate doses of KI brought about a cure. The author further recommends the use of this drug in habitual abortion when threatening, or as prophylatic agent. The mode of action is somewhat uncertain; it may be in virtue of its absorbing powers, or through improving the state of the blood, depressing the heart, and as an aphrodisiac moderating the function of the genital organs, and thence the reflex congestion.

Gaz. degli Osped. e delle Clin., Nov. 20th, 1898.

LILY-OF-THE-VALLEY IN DROPSY OF RENAL OR HEPATIC ORIGIN.

Dr. Janowski states that he has found lily-of-the-valley to be useful, not only in cardiac affections, but to be capable of rendering service also in certain forms of dropsy associated with Bright's disease or hepatic cirrhosis. In cases of chronic hephritis with considerable dyspnoe, in sufficient and highly albuminous urine, this drug alone, or in combination with caffeine, frequently brings about a diminution of the dropsical

symptoms and albuminuria within three or four days. H. B. Sh.

UNNA'S PASTE OF LUPUS.

Salcylic Acid	4.0
Creosote	8.0
Simple Cerate	6.0
White Wax	2.0

Melt the cerate with the white wax; when somewhat cooler stir in the creosote and salicylic acid.

—Sem. Med. Ref. Jour. of Pharm. and Therap.

MYASTHENIA.

Unverricht first gives details of two cases occurring in patients, aged respectively 24 and 26 years. The absence of muscular wasting, and of disturbance of sensation or reflex action, the variability in the symptoms within short periods of time show it to be a disease of at present unknown morbid anatomy. In the first case, paretic symptoms were observed, but they varied so much that the disease could not be said to be a genuine paralysis, but an abnormal fatigue in the muscles. Erb first described this affection, and because ptosis and weakness of the muscles of mastication and of the neck were most marked, he looked upon it as a disease of bulbar symptom complex. Since then cases have been recorded by many observers. Young individuals are mostly affected. Occasionally it comes on acutely, but at other times months and even years pass before the disease attains its height. Abnormal sensations, paræsthesia, and pains are sometimes observed, but they are never very prominent. The cause is mostly unknown. The main symptom consists in the remarkable proneness of the voluntary muscles to fatigue. Although the muscles innervated from the medulla are mostly first and chiefly involved, this is not always the case. The disease has thus no definite localisation. Several repetitions of the same voluntary effort leads to an almost paralytic weakness. Diplopia results from involvement of the eye muscles, and Eulenburg once observed intermitting ophthalmoplegia. Deglutition disturbances may under certain conditions even cause death. In Strümpell's case there were attacks of difficulty in breathing, generally restlessness, and marked cyanosis. Sometimes a lasting paralysis supervenes, and sometimes there may be jawdrop from weakness of the masseters. The face muscles may be almost expressionless. The disease may be taken for hysteria. Jolly pointed out a characteristic change in the electric reactions in the fact that the fatigue noticed after voluntary effort is also present after electrical stimulation. The variation in the symptoms leads to the supposition that this disease is functional in character, and the minutest examination has discovered no lesion after death. Possibly it may be due to accumulation of products causing muscular fatigue. Treatment has not produced any marked effects. Neither strychnine, arsenic, nervine tonics, electricity, nor hydotherapy have proved reliable. Strümpell proposed the term "asthenic bulbar palsy," Jolly "myasthenia gravis pseudo-paralytica," but Unverricht prefers the name of "myasthenia" alone.

Centralbl. f. inn. Med., April 9th, 1898.

CURRENT MEDICAL LITERATURE

VESICAL STONES IN THE CHILD.

Stone in the bladder of the child is often found without any closely defined symptoms, and hence, diagnosis is often difficult and late.

According to d'Esbois, one of the most constant symptoms is rebellious diurnal incontinence. There is pain on defecation with a sensation of weight in the perineum, and quite invariably a pain in the end of the glans-penis lasting some time after urination. Hæmaturia is the exception under 12 years, and when it does occur, it follows violent exertion of the body.

The interruption to the jets of urine is marked in the vesical calculus of children. The cystitis in some cases is extremely acute.

In making diagnosis, positive, we may have recourse to the rectal touch, to sounding, or the urethroscope.

By rectal manipulation we may at times determine the position, shape and situation of the calculus. In order to render this painless, and explore thoroughly, an anæsthetic is necessary.

—Jour. Des Practicieus.

THE PREVENTION OF CONCEPTION.

Treub (Centralbl. f. Gynæk.) says that the principle, "No medical treatment without medical indication," does not meet all cases. Cosmetic operations are certainly justifiable. Not less so is the proper application of the pessarium occlusivum. This means of preventing conception is absolutely without danger. The danger for nervous persons lies rather in interrupted coitus and in the use of condoms. It is the duty of the physician to warn pythisical, epileptic, and neurotic persons that they ought not to have children. If a physisian refuses, on account of Biblical or Talmudic law, to furnish to such persons the necessary knowledge to prevent conception, there is an end of medical scientific treatment. The significance of normal cohabitation is in general far too little considered. In men as well as animals the longing for coitus is not always associated with the desire for offspring, so that it is not right to speak of sterile intercourse as something contrary to Nature. Complete sexual abstinence is capable of working injury, if the attempts to overcome the desire for it put the physical and psychical powers of the individual to too great a strain. Voluntary sterility is allowable when the increase in the number of children would make it impossible that all should be properly brought up, or when the wife is not in physical condition to bear children. Preventive measures are abused by the rich, but they are too little used by the poor.

—Centralbl. f. Gynaek.

TREATMENT OF ASTHMA.

Beverly Robinson recently read a paper on the above subject before the American Climatological Association. If there is reason to suspect malaria in a case of asthma, he gives Fowler's solution until the physiological effect is produced. If constipated and the liver is inactive, he advises Warburg's extract in doses of five grains three or four times daily. For the anemia, a pill containing one grain of reduced iron, two grains of muriate of quinine, and one-sixtieth or one-thirtieth of a grain of arsenious acid. In an attack, belladonna, chloral or nitro-glycerin, and as a last resort, chloroform inhalations or a hypodermic of morphine and atropine. Dr. Robinson believes in gout as an underlying cause in

many cases. He related an interesting case in point, in which the cause was renal inadequacy due to gout, and in which the patient was restored to health by the use of three or four milligrammes daily of colchicine. Reflex causes are also to be removed.

For gastric catarrh, lavage and the use of Vichy or Vals water and an occasional mercurial purge are advised. Bronchitic and emphysematous types were referred to. Small doses of ipecac, tartar emetic, grindelia robusta, chloride of ammonium, and iodide of potassium were used where the secretion is scant; when profuse, belladonna or atropine may be added to these, or pills of camphor and quinine may be given. For cardiac distention and accompanying symptoms nitroglycerin and nitrites may be used, or soluble salts of caffeine, such as the salicylate, or occasional bleeding will give relief. Nitrite of amyl was condemned as dangerous. The time to give morphine injection was indicated, and should be avoided if the pupils are contracted. Climatic treatment was also indicated.

Dr. F. I. Knight, in opening the discussion, called attention to the three factors entering into the production of asthma: first, an underlying neurosis; second, a lesion in the bronchial tract; and, thirdly, some excitant. In bronchial cases he urged strongly the value of potassium iodide. No one remedy had served him so well as this. In emphysematous cases rest should be insisted upon. The patient who has been miserable with repeated attacks of asthma at night for weeks and months may be, perhaps, relieved for a considerable time by restricting his movements and administering strychnine freely.

Dr. Johnson, of Chicago, agreed with Dr. Knight that the most important remedy was potassium iodide. It should be given in moderate doses, continued for weeks or months, if need be. The relief of the paroxysms is the important thing in the patient's extremity. In mild attacks this may be accomplished by the administration of belladonna and chloroform internally. Chloroform given internally acts more slowly than by inhalation, but the action is more prolonged and it is safer. In severe paroxysms the nitrites are often very useful. He prefers nitroglycerin. Its action is very prompt, almost as prompt as nitrite of amyl. The vasomotor effect of one-hundredth of a grain can often be felt within two minutes. The dose may be repeated every ten to sixty minutes as required. Nitrite of amyl is much more dangerous in the hands of the patient than nitro-glycerin. Morphine is safer and more useful than the nitrites in asthma with greatly embarrassed right ventricle.

Dr. J. B. Walker, of Philadelphia, referred to one climatic factor that is within every one's reach,—namely, sunlight. A patient living on one side of the street may be exempt from asthma, while on the other he may be affected. This may be due to the fact that on one side he lives in a shady room, and on the other in a sunny one. This is a factor of no small moment, in not only the asthmatic, but in all subacute and chronic bronchial disorders.

Boston Med. and Surg. Journ., Nov. 17th, 1898.

BRONCHIAL ASTHMA.

Professor von Noorden advises for the treatment of bronchial asthma the revival of Trousseau's method, which consists in the employment of atropine. Treatment must continue for four to six weeks, beginning with one-sixtieth of a grain and increasing the dose every two or three days till we reach one-tenth of a grain per dose, after which the dosage is gradually diminished. Although no toxic effects have ever been observed while thus employing the drug, still the physician is cautioned to exercise great care while it is being administered. Atropine may not probably influence an individual attack; it is, however, sure to prevent the occurrence of any for some time to come; and if not cured entirely, the patient will still obtain lasting improvement, in cases, of course, in which the disease is not as

yet complicated by pulmonary emphysema, nor by a chronic bronchial catarrh.

—Boston Med. and Surg. Jour.

DEEP ŒSOPHAGEAL DIVERTICULA.

Reitzenstein, of Boas's clinic, says that œsophageal dilatations are divided into diffuse and circumscribed—the former are mostly due to an anatomical narrowing. The primary or so-called idiopathic dilatations are distinguished with great difficulty from the secondary. The circumscribed dilatations are either due to traction or to pressure from within. The former are situated opposite the bifurcation of the trachea and give rise to no symptoms, whereas the former are placed at the junction of the pharynx and œsophagus, where the tube is at its narrowest. Besides these typical pressure diverticula, large sacculated diverticula in the lower part of the œsophagus occur, but only 5 such cases have been recorded in the last five years. The author then gives details of such a case in a woman, aged 50, which was very thoroughly examined by the following methods: (1) A stomach tube was passed into the diverticulum and into the stomach, and the fluids from both chemically and microscopically examined; (2) two tubes were passed at the same time, one into the diverticulum, and the other into the stomach; (3) Einhorn's electrical apparatus was used, and finally a photograph by the Roentgen rays was obtained after the dilatation had been filled with a solution containing bismuth. The conclusions were drawn that there were two cavities, the one consisting of the stomach, and the other of a diverticulum in the œsophagus. An organic narrowing could be excluded, and thus there remained a primary dilatation of the œsophagus or a deep-seated, large diverticulum, or the two conditions combined. The author concludes that there was a diverticulum which would hold 100 to 300 c.cm., and also a diffuse dilatation of the œsophagus. The shadow obtained in the Roentgen photograph measured 10 cm. broad and 10 cm. high, and bulged to the right. The treatment consisted in washing out the œsophagus daily in the horizontal position. Food was taken by the patient while she was lying on her back. Considerable improvement occurred, and she gained 12 pounds in weight in five weeks.

Munch. Med., Woch., March 22d, 1898.

FLEINER'S TREATMENT OF HYPERCHLORHYDRIA

Olivetti has investigated the results obtained by Fleiner's method of treating hyperchlorhydria. This consists in giving large doses of subnitrate of bismuth (2 1-2 to 5 drachms) suspended in water through the œsophageal tube, when the stomach is empty before breakfast. The whole course lasts 22 to 25 days, the total quantity of bismuth used being as much as 10 oz. The writer's cases included cases of hyperchlorhydria with evident ulceration, as well as some where ulceration was presumably absent, and his investigations show that: (1) The treatment is well borne and leads to a distinct subjective improvement, which lasts some time after discontinuing the treatment, (2) The improvement is not permanent, but lasts longer in cases accompanied by ulceration. (3) The bismuth has no distinct effect on the gastric secretion or movements. The secretion of HCl in hyperchlorhydria is also influenced but slightly, and the small decrease is not enough to account for the improvement in the other symptoms, such as pain and vomiting. These results are not in accord with those of Fleiner himself, who in one case observed a gradual reduction of HCl from 4 to 1 per 1,000, in another form 3 to 0.98, and in a third from 2.9 to the normal. To explain the disappearance of the painful symptoms and their speedy reappearance when the bismuth has passed into the intestine, Olivetti accepts Fleiner's theory that the bismuth forms a protective film on the surface of the mucous membrane,

so that the abnormally acid gastric juice no longer comes into direct contact with it.

Therapeut. Monatshefte, April, 1898.

PURULENT DISCHARGE FROM THE NOSE; CLINICAL SIGNIFICANCE AND DIFFERENTIAL DIAGNOSIS.

Dr. George E. Shambaugh, in an article on the above subject, concludes as follows: 1. Purulent discharge from the nose is a common symptom of intranasal disease. 2. Its presence may be detected by the patient, but often he complains only of secondary symptoms produced by the pus. 3. Older writers described all these cases as "purulent rhinitis," etc., and never suspected what we now know to be true, that in the majority of cases the pus has its origin in one of the accessory cavities of the nose. 4. Pus in the nose may come from (I.) disease in the nose itself; (II.) suppuration in the post-nasal space. 5. The diseases in the nose are: (a) purulent rhinitis—found in children in acute infectious fever, in acute rhinitis, and in gonorrhœal infection; (b) ulceration—ulceration—either traumatic (as the erosion in the anterior nares; idiopathic perforation; ulceration due to the action of chemical agents, foreign bodies, larvæ of insects; and perichondritis,) or tuberculous or syphilitic. 6. The diagnosis of diseases in the nose producing purulent discharge is not especially difficult when we keep in mind the associated general condition and study carefully the nature of the ulcer itself. 7. The accessory sinuses of the nose form two groups. The first group, including the maxillary and frontal sinuses and the anterior ethmoid cells, opens into the middle meatus of the nose. The second group, including the sphenoid and posterior ethmoid cells, opens into the olfactory space between the middle turbinated and the septum. 8. A differential diagnosis of diseases of these cavities is one of the most difficult problems in rhingology. It requires a knowledge of the whole field of the technique of intra-nasal examination and a thorough knowledge of the complicated anatomy of the nose and its accessory sinusis. 9. The diagnosis of a complicated case of accessory-sinus trouble is not made at one sitting, but only after repeated examinations lasting over a considerable period of time.

—Medical Standard, September.

THE NEW YORK SCHOOL OF CLINICAL MEDICINE.

Post-graduate study on this side of the Atlantic has most rapidly gained in popularity with English speaking physicians during the last decade. At present the opportunities for the post-graduate student in New York city are in every respect equal, and from the fact that English is spoken, vastly superior to those found in the medical centers of continental Europe. The New York School of Clinical Medicine has just issued its annual announcement, from a perusal of which we conclude that it is an institution of which the whole American profession may well feel proud. The faculty embraces a vast number of the brightest minds, most experienced educators and successful physicians and surgeons of America. It is a faculty made up of workers, and is entirely free from dead material. For a man who contemplates any line of post-graduate work this announcement will be found most valuable reading. We wish that every practicing physician might study it.

—The Medical Fortnightly, 1, '99.

LAVAGE OF THE HEART AND PERICARDIUM IN PURULENT PERICARDITIS.

Chimenti records the case of a girl, aged 19, who was admitted with purulent pericarditis following influenza ten days before. On admission the girl was almost moribund, temperature 104 degrees, extremely dyspnœa, delirium, and threatened suffocation, etc. There was bulging of the precordial region, absence of apex beat, and dullness extending from the left axillary line to the mid-clavicular line

on the right, from the second left intercostal space above down to the seventh below. An exploratory puncture was made in the seventh space with negative results; another in the fourth space showed the presence of pus. A free incision was at once (without any anæsthetic) made in this space, and as no pus came from the pleural cavity the pericardium was opened, and more than a litre of thick, flocculent pus let out. The cavity was well washed with warm sterilized boracic solution, drainage maintained and the dressing applied. During the washing the patient was seized with general tremor, and fainted, but on immediately emptying the pericardial sac she soon recovered. The after history of this case was uneventful, and the patient left the hospital in forty-five days cured. She was seen two months later, and had kept well.

—Annal. dell' Accad. Medico-Chir. di Perugia, vol. x., g. 1.

METATARSALGIA.

Jones and Turby, in a paper on metatarsalgia, or Morton's disease, dissent from the theory of its causation as advanced by Morton, and to a very considerable extent followed by all subsequent writers. They are of opinion that clinical observations, as well as anatomical facts, accord much better with the theory of treading upon than that of pinching the branch of plantar nerve near the head of the fourth metatarsal bone. In this opinion the authors state that they are fortified by three facts: (1) The proximity to the painful area of the communicating branch of the superficial division of the internal plantar nerve. (2) the sollapse of the anterior arch in most of the cases; and (3) the bulk of superincumbent body weight in walking on the toes is borne on the first and fourth toes. It is somewhat difficult to ascertain the cause when the neuralgic pain is situate about the heads of other metatarsal bones than the fourth. The explanation, it is suggested, may be this: that when the transverse arch gives way at the heads of the metatarsal bones, and tight boots continue to be worn, the under surface of the heads of the metatarsal bones are rubbed over the digital nerves in the effort made by the foot to accommodate itself during progression to its cramped position, and possibly one head is pushed out of place at the spot where the pressure is greatest, and the digital nerve is compressed between the bone and the sole of the boot. This idea is favored by the fact that corns frequently occur over the painful spot. In some cases ostephytic outgrowths have been made out on the under surface of the metatarsal bones, and an instance is referred to of distinct enlargement of the head of the fourth metatarsal bone. In cases of severe metatarsalgia the simplest method, and by far the best, is resection of the head of the metatarsal bone. This operation, the authors hold, gives the best results, and should, in their opinion, be practiced in all cases in which the pain cannot be relieved by simpler and palliative measures.

—Annals of Surgery, Sep., 1898.

INFLUENCE OF THE SPLEEN IN DESTRUCTION OF BACTERIAL POISON.

Chimici has conducted a series of experiments on guinea-pigs with a view to elucidating this question. His results are almost entirely negative. Apparently guinea-pigs can exist equally well without as with their spleens. Moreover, the "displeened" animals showed the same symptoms after injections of diphtheritic, tetanic, or tuberculous toxins, as those possessing spleens; in other words, the removal of the spleen made no difference to the course of disease after toxic injection. The author further tried the effect of injecting toxins with spelnic juice; here also the addition of the splenic juice causes no modification in the ensuing symptoms.

Gazz. degli Osped., Nov. 27th, 1898.

PUBLISHER'S MISCELLANY.

FORMALIN AS A REAGENT FOR BLOOD STUDIES.

There is always great difficulty in preparing in bulk, for laboratory purposes, those tissues or parts of tissues which are liquid by nature, such as blood and lymph. It is very easy to prepare pieces of muscle, liver, or other solid parts, for detailed microscopical examinations of histological constituents, when they can be hardened and infiltered. But blood corpuscles can not easily be thus treated. There are usually several difficulties connected with such a process, as separating the corpuscles from the plasma, mounting the separated corpuscles without distortions, and making them take the stain.

It has been found that almost all reagents cause some changes in the general shape and outline of corpuscles. Osmic acid is claimed to harden and preserve them without distortion, but as this substance is quite expensive and difficult to operate, it is not adapted to general laboratory use among young, inexperienced students. The method of drying fresh blood upon the cover-glass is not usually successful, for the corpuscles are generally distorted by drying, or else they refuse to take the ordinary stains after being dried.

For general laboratory use formalin is an excellent preservative and fixing agent. It is less expensive and more easily operated than osmic acid. It causes no appreciable distortion of the cells and does not interfere with staining. The method used is as follows:

1. A quantity of freshly drawn blood, before coagulation has taken place, is mixed with at least three times its volume of a two per cent. formalin solution.

2. After allowing the mixture to stand at least one hour, a drop from the bottom of the vessel is placed upon a cover-slip and a second cover-slip is pressed lightly upon it; then the two are separated and the liquid is allowed to evaporate.

3. The dried cover-slips are then passed quickly through the flame in order to fix the corpuscles more securely to the glass, so that they may not be removed by subsequent treatment.

4. When cool, dip once or twice into a five per cent. solution of acetic acid.

5. After removing the acetic acid with water, stain. If the corpuscles are nucleated, it is best to use some contrast stain, as haematoxylin and eosine or methyl green with eosine or saffranin. If an alcoholic stain is to be used, the films must be washed with alcohol before staining. Non-nucleated cells do not require a contrast stain. Human corpuscles may be stained with Ehrlich's triple stain.

6. Remove excess of stain with water or alcohol as stain requires.

7. Remove alcohol with xylol, clove oil, or turpentine.

8. Mount in Canada balm.

This method was employed successfully in the laboratory at Purdue University in all blood studies. The bloods used in these studies were those of the cat, the chicken, the ox, the pigeon, and man. The human corpuscles examined seemed to resist all stains for some reason, until the films were treated with a dilute solution of acetic acid. The acid seemed to possess a double function; first, that of clearing the films, and, second, that of causing the stain to become effective.

This method may be of no particular climical value, but for general laboratory purposes it promises to be a success.

Journ. of Applied Microscopy.

A REASON AND A RELIEF.

It is the boast of Americans that no people in the world are as well fed as they. It is undeniably true that no nation is so much blessed with such wealth of food material as this. The present generation might be termed a race of indiscriminate eaters, and the problem of the busy practitioner to-day is not how to nourish the body, but how to successfully relieve it of the effete products of waste. To coin an axiom, we might say that the secret of good health is good drainage, not the drainage of land, but that of the body. The human body has been very aptly compared to a machine, and the food which the average individual appropriates is the fuel which furnishes the energy to keep the machine in motion and repair. The complicated mechanism of the human body is more frequently disarranged by the incomplete combustion and consumption of the fuel furnished it than any deficiency of nutritive material. The resulting condition is both known and called by the profession and laity, constipation. To the physician it is the unfailing source of many complications. It is the incident and the accident, the cause and the effect of physical degeneracy. We may assert without fear of contradiction that none of the ills which flesh is heir to, is more intractable than constipation, or is there one which baffles the skill of the average physician more. It is not surprising that the tendency on the part of the people to over-feed and take too little exercise has its logical consequence in the prevailing custom of taking all sorts of pills and purgatives. A universal cathartic habit is abroad in the land. An indiscriminate use of cathartics cannot be too strongly deprecated, because most of them hold their victims in such bondage by becoming progressively inefficient. They not only deplete the system too rapidly, but the very griping the most of them produce is a signal that an affront has been offered to nature. The retaliation is the pain, the resentment, a subsequent failure on the part of the abdominal viscera to perform their functions. An agent who would offer to the busy doctor the means of sweeping from the system all waste with the corresponding security against any of the objections which have been cited, would be a boon that would find a warm welcome and intelligent application in his hands.

Such a remedy we believe exists in "Syrup of Figs." Many careful general practitioners have reported that Syrup of Figs is not open to the same criticism as other cathartics. Its action is potent, yet persuasive. It does not devitalize the patient by robbing the blood of its serum, or by sweating the delicate mucous membrane of the intestines. It is a laxative pure and simple, and produces firm and full-formed stools instead of watery evacuations. Syrup of Figs is as agreeable to the taste as it is satisfactory in its results. It can be employed by the conscientious physician with every assurance that its use is safe and is not followed by any perastaltic paralysis on the part of the patient, as it does not produce the subsequent inertia of the bowels common to other cathartics. It can be prescribed for women, children and people of sedentary habits as a reliable remedy which is maintained at a uniform standard of excellence. One that realizes the expectation of the doctor without doubt or disappointment.

DANGER IN CALCIUM CARBIDE.

Rules Governing Its Sale in New York.—Liquefied Acetylene Gas Prohibited.

Superintendent Murray, of the Bureau of Combustibles, has made regulations governing the transportation, storage and sale of calcium carbide, which the firemen declare to be a source of danger in a burning building, because when water reaches it acetylene gas is given off. A number of stores keep it for use in bicycle lamps. Hereafter, in transit or on

storage, it must be inclosed in hermetically sealed iron receptacles marked "Dangerous, if not kept dry." No package may contain more than 100 pounds. It must be stored in isolated buildings that are fireproof and waterproof. No artificial light or heat will be permitted in the building where it is stored. Not more than twenty pounds, in bulk or in cartridges, may be kept in any store or factory, and this must be in a fireproof safe or vault above the street grade, and it must be kept six inches above the floor.

The manufacture, transportation, storage, sale or use of liquefied acetylene is absolutely prohibited within the limits of the city.—N. Y. Sun.

INVENTOR EDISON AFTER BOGUS AGENTS.

Objects to His Name Being Used to Further Questionable Schemes—Arrests in Jacksonville at His Request.

For years Mr. Edison has been bothered by the actions of irresponsible persons who organized Edison "companies" or established themselves as "agents" of the inventor without authority. In many cases where people were duped by the alleged agents they would write to Mr. Edison for redress. A few months ago Mr. Edison decided to put a stop to the practice. It was about this time that word reached the inventor from the Edison Electric Light Company of Chicago, that a man in that city, calling himself George B. Henschell, was selling territorial rights for the sale of phonographs. Later a letter was received from the British Consul in Chicago that Henschell had sold certain alleged rights to people in England.

Mr. Edison concluded to put his new policy into effect and the matter was placed in Mr. Hayes's hands. It was learned that Mr. Henschell claimed to have an office at 115 Dearborn street, Chicago. Monk & Elliott, lawyers, of the Windy City, were requested to make an investigation, and word was sent back that Henschell had no office at the address given. Then charges were preferred against the man, and United States District Attorney John C. Black, of Chicago, was requested to act.

When the Federal authorities were put on his trail the man disappeared.

Mr. Hayes said that no exceptions would be made in the enforcement of Mr. Edison's determination to break up so-called companies and agencies. No exceptions will be taken to the use of "Edison" in trade names, such as "Edison phonographs" or "Edison goods," but the inventor will insist that his name shall not be taken in vain for unauthorized companies or agencies. Word has already been sent to several local dealers to remove the words "agency" or "agents" from their signs.

A DESIRABLE ANTISEPTIC.

As a deodorant and antiseptic for the sick room and for the dentist's office, Listerine stands preëminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fungus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of Listerine in water is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the Strength of Antiseptics," by Dr. A. T. Cabot (Boston Medical and Surgical Journal), Listerine compares favorably with the most reliable agents for the rapid destruction of micro-organism.—The Sanitarium.